

<b>FUNCTIONAL REVIEW FORM</b> <small>(Proponent of this form is INSCOM (IAPER))</small>		Career Program:	
Name (Last, First, MI):		School or Program:	
This form should be completed by Activity Career Program Managers (ACPM) and MACOM Career Program Managers (MCPM). If ACPMs are not available because of organizational structure or the nominee is not in a DA Civilian Career Program, this form should be completed by the next level supervisor(s) or functional official(s). Items 1c, 2c, and 3c will be completed after submission to PERSCOM.			
1. To what extent is this training program appropriate to the employee's occupation and at this stage in his/her career development?			
	<b>a. Activity CP Manager (ACPM)</b>	<b>b. MACOM CP Manager (MCPM)</b>	<b>c. Functional Chief Rep (FCR)</b>
<b>Critical</b>			
<b>Important</b>			
<b>Desirable</b>			
<b>Not Appropriate</b>			
2a. Reason for Rating of ACPM or Other Reviewer in 1a above:			
2b. Reason for Rating of MCPM or Other Reviewer in 1b above:			
2c. FCR Concurrence/Comments in 1c above:			

**FUNCTIONAL REVIEW FORM (Continuation)**

3. Each employee who attends training should have a utilization plan that will assure full utilization of the knowledges and abilities acquired during the training program. Please review the utilization plan proposed by nominee's supervisor (Supervisory Rating Form) and add your comments and recommendations below.

a. Comments/Recommendations of ACPM or Other Reviewer:

b. Comments/Recommendations of MCPM or Other Reviewer:

c. Comments/Recommendations of FCR:

Rank order \_\_\_\_ of \_\_\_\_

ACPM or Other Reviewer's Title:	Signature:	Date:
MCPM or Other Reviewer's Title:	Signature:	Date:
FCR Title:	Signature:	Date: